


| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) David Billups</p> <p>C. Date of Delivery 4-14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> | |
| <p>1. Article Addressed to: David Billups 601 Dewdrop Circle Apt. H Cincinnati, OH 45240</p> | | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| <p>2. Article Number (Transfer from service label)</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>PS Form 3811, August 2001, Domestic Return Receipt</p> | | <p>102595-02-M-1540</p> | |

7002 0860 0000 1408 6541

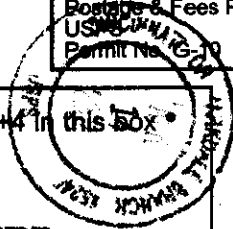


First-Class Mail
Postage & Fees Paid
USPS Cincinnati, OH
Permit No. 10-24

• Sender: Please print your name, address, and ZIP+4 in this box •

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
100 E. FIFTH STREET, RM #324
CINCINNATI, OHIO 45202
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